



**SEQUENCE TEST**  
**(One System per Report)**

<b>Occupancy Address:</b> _____	<b>Occupancy Name:</b> _____
<b>Responsible Person:</b> _____	<b>Phone Number:</b> _____
<b>Building Owner:</b> _____	<b>Phone Number:</b> _____
<b>Building Owner Address</b> _____	
<b>Date of Inspection:</b> _____ <b>Type of Inspection:</b> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Acceptance <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Testers Name (Please Print):</b> _____ <b>SFD Certification Number:</b> _____	

With Building in Normal Power:

1. Was alarm initiated from a random device?..... Yes ☐ No ☐
2. Does the alarm sound on designated floors?.....:.....Yes ☐ No ☐?
3. Is audibility satisfactory?..... Yes ☐ No ☐?
4. Do the elevators return to homing floor?.....Yes ☐ No ☐?
5. Do the fire dampers operate properly?.....Yes ☐ No ☐ N/A ☐
6. Did building HVAC (air conditioning) shut off?.....Yes ☐ No ☐?N/A ☐
7. Did shaft pressurization fans operate?..... Yes ☐ No ☐ N/A ☐
8. Did the stairway doors unlock, but not unlatch?..... Yes ☐ No ☐ N/A ☐
9. Do elevators operate properly from fire person's  
Control inside each car? .....Yes ☐ No ☐?
10. Does fire pump operate properly?..... Yes ☐ No ☐?N/A ☐?

Emergency Power:

1. Was power shut off at main breaker?.....Yes ☐ No ☐?N/A ☐
2. Did emergency generator operate within 15 seconds?..... Yes ☐ No ☐?N/A ☐
3. Does fire alarm operate on generator?.....Yes ☐ No ☐?N/A ☐?
4. Do elevators operate on generator?.....Yes ☐ No ☐?N/A ☐

RE: High-Rise Sequence Test (continued):

5. Fire dampers continue to operate?: .....Yes ☐ No ☐?N/A ☐

6. Does fire pump operate? .....Yes ☐ No ☐ N/A ☐

Problems Found:

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Corrections Made:                      Date Corrected:\_\_\_\_\_ Corrected By:\_\_\_\_\_

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SIGNATURE OF TESTER\_\_\_\_\_

AGENCY \_\_\_\_\_ PHONE\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_